



COMBINED DECLARATION AND POWER OF ATTORNEY  
IN ORIGINAL APPLICATION

DOCKET NO.  
BJA 336A

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought for the invention entitled:

TITLE            Method for Treatment of Male and Female Varicoceles

the specification, of which is attached hereto, that I have reviewed and understand the contents of the attached specification, including the claims, that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the inventor's certificate issued before the date of this application filed by me or my legal representatives or assigns more than twelve months prior to this application that I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations 1.56(a) and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

FOREIGN APPLICATIONS FILED WITHIN 12 MONTHS PRIOR TO THE FILING OF THIS APPLICATION: NONE.

FOREIGN APPLICATIONS FILED MORE THAN 12 MONTHS PRIOR TO THE FILING OF THIS APPLICATION: NONE.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Bolesh J. Skutnik, PhD, JD Reg. No. 36,347

Thomas J. Ryan, JD Reg. No. 52,187

Address all telephone calls to: BOLESH J. SKUTNIK PhD, JD at

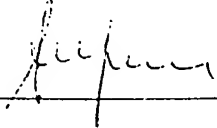
Telephone No.: (413) 525-8222 ; Fax No.: (413) 525-0611

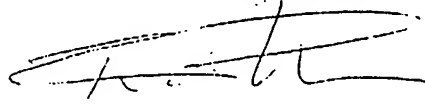
Address all correspondence to: BOLESH J. SKUTNIK PhD, JD

515 Shaker Road, East Longmeadow, MA 01028

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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TITLE            Method for Treatment of Varices

the specification, of which is attached hereto, that I have reviewed and understand the contents of the attached specification, including the claims, that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the inventor's certificate issued before the date of this application filed by me or my legal representatives or assigns more than twelve months prior to this application that I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations 1.56(a) and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

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11 Sept 03

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